

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016788

FILED JUN 1 1959

Registration District No. 042 Primary Registration District No. 1000 STATE FILE NUMBER 560 Registrar's No.

| | | | | | | | |
|--|----------------------------------|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Joseph | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. | | | | Length of stay in lb Life | | d. STREET ADDRESS (If outside, give location) 3021 Douglas St., | |
| 3. NAME OF DECEASED (Type or print) First Ethel Middle Welty Last Curry | | | | 4. DATE OF DEATH Month May Day 24 Year 1959 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Feb. 12, 1881 | | 9. AGE (In years last birthday) 78 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) New Philadelphia, Ohio | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Edwin A. Welty | | | | 13b. MOTHER'S MAIDEN NAME Bessie unknown | | 14. NAME OF HUSBAND OR WIFE William R. Curry | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address Mrs. G.L. Zwick, St. Joseph, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) A. S. H. D. DUE TO (c) Arteriosclerosis, severe, generalized. | | | | | | INTERVAL BETWEEN ONSET AND DEATH hours. years. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | | 20f. CITY, TOWN, OR LOCATION COUNTY Oregon STATE Missouri | | | |
| 21. I attended the deceased from June, 1956 to May 24, 1959 and last saw her alive on May 1959 Death occurred at 10:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Walter P. McDonald (Degree or title) | | | | 22b. ADDRESS M. D. 301 N. 8th St., St. Joseph, Mo. | | 22c. DATE SIGNED MAY 25 1959 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) entombment | | 23b. DATE May 26, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Welty-Curry Mausoleum | | 23d. LOCATION (City, town, or county) (State) Oregon, Missouri | |
| 24. FUNERAL DIRECTOR Meinhardt-Hauman Inc. ADDRESS St. Joseph, Mo. | | | | 25. DATE RECD. BY LOCAL REG. May 28, 1959 | | 26. REGISTRAR'S SIGNATURE Mr. Clark Goodell | |

Dr. Wilbur P. McDonald
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.